

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		2		2		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33	1					
34		1		1		
35		2		2		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		2		2		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		101		1
52	1			102		1
53		1		103		1
54		2		104		1
55		1		105	1	1
56		1		106		1
57		1		107		1
58		1		108		1
59		1		109		1
60		1		110		1
61	1			111		1
62		1		112		1
63		2		113		1
64		1		114	1	1
65		1		115	1	1
66		1		116	1	1
67		1		117	1	1
68		1		118	1	1
69		1		119	1	1
70		1		120	1	1
71		1		121	1	1
72		1		122	1	1
73		1		123	1	1
74		1		124	1	1
75		1		125	1	1
76		1		126	1	1
77		2		127	1	1
78		1		128	1	1
79		1		129	1	1
80		1		130	1	1
81	1					
82		1				
83		2				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		↓		↓	14	↓
TOTAL DEP.		↓		↓	23	↓
TOTAL CLAIMS					37	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS